

Rec'd PCT/PTO 28 JAN 2005

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective December 8, 2004

Application or Docket Number

10/522716

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEES FOR EXTRA SPEC. PGS.	148 minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	58 minus 20 =	* 38
INDEPENDENT CLAIMS	10 minus 3 =	* 7
MULTIPLE DEPENDENT CLAIM PRESENT		Y

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OR

OTHER THAN  
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE		OR BASIC FEE	300
EXAM. FEE		EXAM. FEE	200
SEARCH FEE		SEARCH FEE	400
X \$ 125 =		X \$ 250 =	250
X \$ 25 =		OR X \$ 50 =	1900
X \$ 100 =		OR X \$ 200 =	1400
+ \$ 180 =		OR + \$ 360 =	360
TOTAL		OR TOTAL	

CLAIMS AS AMENDED - PART II

3-5-05

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	* 32	Minus	** 58	= 0
Independent	* 7	Minus	*** 10	= 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X \$ 25 =		OR X \$ 50 =	
X \$ 100 =		OR X \$ 200 =	
+ \$ 180 =		OR + \$ 360 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	* 32	Minus	** 58	= 0
Independent	* 7	Minus	*** 10	= 0	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					<input type="checkbox"/>

RATE ADDI-  
TIONAL  
FEE

OR RATE ADDI-  
TIONAL  
FEE

RATE ADDI-  
TIONAL  
FEE

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X \$ 25 =		OR X \$ 50 =	
X \$ 100 =		OR X \$ 200 =	
+ \$ 180 =		OR + \$ 360 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>June 25, 2005</u>	2 Serial/Patent # <u>107522716</u>		
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition		003622975	\$100.00
Issue		Ref 2005	\$
Cert of Correction/Terminal Disc.		Credit Card Refund Total:	\$100.00
Maintenance		XXXXXX1007	\$
Assignment		XXXXXX	\$
Other		Ex 100.00	\$100.00
		7 TOTAL AMOUNT OF REFUND	\$100.00
8 TO BE REFUNDED BY:			
<input checked="" type="checkbox"/> Overpayment		Treasury Check	
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:	
<input type="checkbox"/> No Fee Due (Explanation):		9 <input type="checkbox"/>	
Fee Code Corrections Credit Card Refund			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Barbara A. Campbell</u> TITLE: <u>Paralegal</u>			
SIGNATURE: <u>BAC</u> Adjustment: <u>06/27/2005 BCAMPBEL</u>			
OFFICE: <u>PCT/DO/EO</u> PHONE: <u>02/25/2005 094102 107522716</u> ***** THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: _____ DATE: _____			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Crystal Park One, Room 802B